

## STAFF AFADAVIT ESG ELIGIBILITY

**Purpose:** This form serves as documentation that:

1. The program participant(s) named below meets all eligibility criteria for ESG assistance;
2. This eligibility determination is based on true and complete information;
3. Neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and
4. This eligibility has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

**Instruction:** This form must be completed for each program participant upon the determination of his or eligibility for ESG assistance. This form must be signed and dated by the ESG staff person who makes this determination and that person's supervisor and kept in the program participant's case file. ***This form will remain valid, unless a different staff person re-determines the program participant's eligibility, at which time a new affidavit is required.***

<b>Head of Household Name:</b>
<b>**Names of Other Household Members:</b>

**\*\*All members in the household that will benefit from ESG assistance should be listed.**

**Required Certifications:** Each person signing below certifies to the following:

1. To the best of my knowledge, the program participant named above meets all requirements to receive assistance under the ESG program;
2. To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete;
3. I am not related to the program participant through family, business or other personal ties;
4. To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination;
5. I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to 18 U.S.C. 1001 and 18 U.S.C. 641;
6. I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

ESG Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ESG Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_